

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/051013

1-16-01 9-27-01 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.	46		46		40	
TOTAL DEP.	27		27		21	
TOTAL CLAIMS	73		73		61	

2

<b>CLAIMS ONLY</b>							Application Number <b>09/05/03</b>		Filing Date	
							Applicant(s)			
<div style="display: flex; justify-content: space-between;"> <span><b>3-11-03</b></span> <span><b>11-19-03</b></span> <span><b>6-21-04</b></span> </div>							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1		1		4					
Total Depend	40		22		6					
Total Claims	41		23		10					